



C.Y. 2015 UDS Reporting Enhancements

For Reports Due on February 15, 2016

Bureau of Primary Health Care

May 6, 2015

Agenda



- Changes to 2015 UDS: background and overview
- Changes to individual tables
- Other changes
- Available assistance and references



BACKGROUND AND OVERVIEW OF THE 2015 CHANGES

The UDS Change Process



- The 2015 UDS changes were:
 - Published initially as PAL 2015-01 on November 25, 2014 (<http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201501.pdf>)
 - Announced in Federal Register, where comments are solicited from health centers, PCAs, HCCNs, PCOs, and the general public
 - Introduced in the 2014-2015 UDS trainings held in over 40 locations around the country

Objectives for Today's Presentation



- Today's presentation is designed to help health centers understand:
 - New patient characteristics to be reported
 - The new/revised clinical measures
 - Transition to ICD-10 codes for UDS tables
 - Encouragement to use EHRs for reporting on the full universe of patients
 - Revised instruction on and submitting data on Tables 4, 6A, 6B, and 7



TABLE 4: PATIENT CHARACTERISTICS

Table 4: Dually Eligible (Medicaid and Medicare)



- Effective with the UDS report for 2015, health centers will report separately those individuals who have both Medicare and Medicaid (referred to as “dually eligible” or “Medi-Medi” patients.)
 - A new line, line 9a, will report the number of such patients seen by the health center.
 - This will be a subset of Line 9 (Medicare): dually eligible patients will be reported on *both* line 9 *and* 9a.
- As before, medical insurance is reported even if the patient is not receiving medical care.



TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

TABLE 6B: QUALITY OF CARE MEASURES

TABLE 7: HEALTH OUTCOMES AND DISPARITIES



Table 6B: Oral Health

- New measure (line 22): Percentage of children, age 6-9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period

SECTION N – SEALANTS TO FIRST MOLARS				
SEALANTS TO FIRST MOLARS		TOTAL PATIENTS AGED 6 THROUGH 9 IDENTIFIED AS MODERATE TO HIGH RISK FOR CARIES (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH SEALANTS TO FIRST MOLARS (c)
22	MEASURE: Children age 6-9 years at “elevated” risk who received a sealant on a permanent first molar tooth			

Table 6B: Oral Health Continued



- **Numerator:** Subset of children in the denominator who received a sealant on a permanent first molar tooth in the measurement year
- **Denominator:** Number of health center patients age 6 - 9 years old who had an oral assessment or comprehensive or periodic oral evaluation visit and are at moderate to high risk for caries in the measurement year

Table 6B: Oral Health

Continued (part 2)



- Exclusions: Children for whom all first permanent molars are non-sealable are excluded - i.e., all molars are either decayed, filled, currently sealed, or un-erupted/missing.

Table 7: Diabetes Control



- The measure has been revised to support alignment with other nationally recognized measures
- Health centers will report those patients with HbA1c:
 - Well controlled – with HbA1c “less than 8%” in Column 3d1
 - Poorly controlled - with HbA1c “greater than 9%,” or who had no test during the year” in Column 3f

#	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c <8% (3d1)	Patients with Hba1c >9% Or No Test During Year (3f)
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Tables 6A, 6B, and 7: ICD-10 Transition



- CMS has mandated a change to ICD-10 coding beginning October 1, 2015
- This will impact:
 - Codes on Table 6A lines 1 – 20 defining specific diagnoses and some of lines 21 – 26 listing services.
 - Measure definitions for tables 6B and 7 defining specific diagnoses and some services.
- BPHC will provide a revised version of Table 6A and instructions for Tables 6B and 7

EHR Use for Full-Universe Reporting



- Use of an EHR for full-universe reporting for the UDS clinical quality measures remains an important priority.
- Minor revisions in reporting instructions in the 2015 UDS manual will streamline and encourage the use of electronic health records to report on the full universe of patients.



AVAILABLE ASSISTANCE AND REFERENCES



References

- National Quality Forum:
 - [http://www.qualityforum.org/Measures Reports Tools.aspx](http://www.qualityforum.org/Measures_Reports_Tools.aspx)
- Meaningful Use:
 - [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)
- Healthy People 2020:
 - <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=8>
- President's National HIV/AIDS Strategy (NHAS):
 - <http://www.whitehouse.gov/administration/eop/onap/nhas/>

Available Assistance



- Telephone and email support line for UDS reporting questions and use of UDS data: 866-UDS-HELP or udshelp330@bphcdata.net
- Technical Assistance materials:
 - BPHC UDS Training Website: <http://www.bphcdata.net>
 - HRSA Health Center Program Data & Reporting: <http://bphc.hrsa.gov/datareporting/index.html>
 - CY 2015 Program Assistance Letter (PAL): <http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201501.pdf>
- EHB Support
 - HRSA Call Center for EHB account access and roles: 877-464-4772
 - BPHC Help Desk for EHB system issues: 301-443-7356



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